

TRANSCRIPT ORDER

Read Instructions on Back.

1. NAME Ji Sung Shin aka James Shin		2. PHONE NUMBER	3. DATE November 1, 2006
4. MAILING ADDRESS Department of Corrections P.O. Box 3236		5. CITY Hagatna	6. STATE Guam 7. ZIP CODE 96932
8. CASE NUMBER CR-01-00083-002	9. JUDICIAL OFFICIAL Burns	DATES OF PROCEEDINGS	
12. CASE NAME USA vs JI SUNG SHIN aka JAMES SHIN		10. FROM	11. TO
		LOCATION OF PROCEEDINGS	
		13. CITY Hagatna	14. STATE Guam
15. ORDER FOR <input checked="" type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER (Specify)			

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

Sentencing - 10/25/06 (105)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Spcl)	
<input type="checkbox"/> OPENING STATEMENT (Defendant)		<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)			
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS			
<input checked="" type="checkbox"/> SENTENCING	10/25/06		
<input type="checkbox"/> BAIL HEARING			

17. ORDER

FILED
DISTRICT COURT OF GUAM
NOV 29 2006
MARY L.M. MORAN
CLERK OF COURT

CATEGORY	ORIGINAL (Includes Free Copy for the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	

18. SIGNATURE

PROCESSED BY

19. DATE

NOV. 17, 2006

PHONE NUMBER

TRANSCRIPT TO BE PREPARED BY

COURT ADDRESS

ORDER RECEIVED

DATE
11-29-06
BY
LWM

DEPOSIT PAID

DEPOSIT PAID

TRANSCRIPT ORDERED

TOTAL CHARGES

TRANSCRIPT RECEIVED

LESS DEPOSIT

ORDERING PARTY NOTIFIED
TO PICK UP TRANSCRIPT

TOTAL REFUNDED

PARTY RECEIVED TRANSCRIPT

TOTAL DUE